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## Anesthesia, Surgical and Dental Consent Form

Date: \_\_\_\_\_

Doctor: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Breed: \_\_\_\_\_

Address: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

City/State: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Phone: \_\_\_\_\_

Color: \_\_\_\_\_

Email: \_\_\_\_\_

### Surgical Procedure:

- Spay       Declaw Front Paws Only  
 Neuter     Declaw All Four Paws  
 Laser       Baby Teeth Extractions  
 Dental      Mass Removal  
 Other \_\_\_\_\_

### Vaccinations/Tests:

- Rabies       DHPP+Lepto       Bordatella  
 FVRCP       FeLV               City License  
 Lepto       Lyme               FeLV/FIV Test  
 Heartworm Test     Frontline +  Yesterdays News  
 Heartworm Prevention \_\_\_\_\_

I understand that during the performance of the foregoing procedures, unforeseen conditions may be revealed that necessitate an extension of the foregoing procedure or different procedures than those set forth above. Therefore, I hereby also consent to and authorize the performance of any such procedures or operations as are necessary and desirable in the exercise of the veterinarian's judgment. Your pet will receive medications to control pain that may include local anesthesia, general anesthesia, and injectable and oral medications. Costs are dependent upon weight of pet and procedures performed.

### Anesthesia Safety:

Anesthesia safety is a priority. We take several measures to insure patient safety. All patients are examined prior to anesthesia. Pre-surgical bloodwork is offered. IV catheters are placed in most surgical patients to administer medications and fluids. All patients are intubated and monitored by certified veterinary technicians using pulse oximetry, EKG, and blood pressure. Patients are continuously monitored until they are awake from anesthesia.

### Pre-Surgical Blood Test:

Like you, our greatest concern is the well being of your pet. Before anesthetizing your pet we will perform a full physical examination. However, many conditions, including disorders of the liver, kidneys or blood can not be detected unless blood testing is performed.

Cost: \$36.18

Accepted \_\_\_\_\_

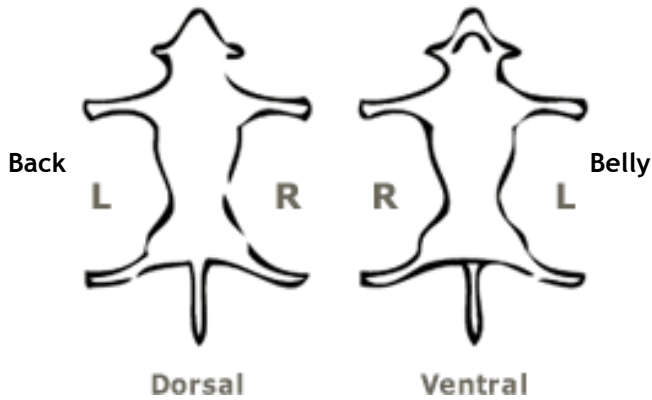
Declined \_\_\_\_\_

### Microchip:

Microchip Placement while under anesthesia. Cost: \$47.58

Accepted \_\_\_\_\_ Declined \_\_\_\_\_

**Mass/Lump Removals:**



Please mark the location of the mass(es) that you would like to have removed.

Total number of masses: \_\_\_\_\_

**Histopathology**

We have the option of sending out the mass/tumor/lump to a referral laboratory for analysis. A clinical pathologist will review the sample and provide a microscopic interpretation of what the sample is, along with prognosis and margins if needed. The doctor or technician will verify this information with you after the surgery is complete.

Cost: \$96.68 Accepted \_\_\_\_\_ Declined \_\_\_\_\_ Doctors Discretion \_\_\_\_\_

**Oravet Barrier Sealant:**

This can be applied as the last step during the dental cleaning. Oravet creates an invisible barrier that reduces plaque and tartar forming bacteria from attaching to the teeth. Beginning two weeks after the dental cleaning, you would apply Oravet Gel once weekly. The Oravet home kit lasts 8 weeks or longer depending on the size of the animal.

Cost: \$39.97 Accepted \_\_\_\_\_ Declined \_\_\_\_\_

**Digital Dental Radiology:**

Dental radiology is a very useful tool in monitoring and diagnosing oral conditions. It is performed under anesthesia often at the same time as a dental cleaning. It is a very safe, effective way to assess the tooth and its root above and below the gumline. Dental radiographs help determine if extraction is necessary and confirm correct treatment.

Full Mouth View (\$75) \_\_\_\_\_ Problem areas (\$21.84 per view) \_\_\_\_\_ Declined \_\_\_\_\_

**Dental Treatments, including Extractions:**

Your pet may need dental extractions. Common reasons are loose, fractured or abscessed teeth. If this is determined to be necessary by the veterinarian, there may be additional costs.

Extent of Services Desired: **Please Check ONE**

\_\_\_\_\_ Proceed with all necessary dental procedures, including extraction of teeth.

\_\_\_\_\_ Call before any additional procedures, other than emergencies, are performed.  
If I cannot be reached, I authorize you to proceed with all necessary dental and surgical procedures.

\_\_\_\_\_ Call before any additional procedures, other than emergencies, are performed.  
If I cannot be reached, I do NOT authorize any unforeseen dental or surgical procedures. I am aware that my pet may need to undergo additional future anesthesia and treatment in this case.

I have been advised as to the nature of the procedures and operations and the risks involved. I realize that results cannot be guaranteed. I am the owner of the above animal or am the responsible party and have authority to execute this consent. I authorize All City Pet Care to contact any other doctor that has treated my pet for the purpose of obtaining all records pertinent to my pet's health and care. I have read and understand this authorization and consent.

Balance is due at the time of Pick-Up. Which method will you use for payment? \_\_\_ Cash \_\_\_ Check \_\_\_ Credit Card  
We accept all major Credit Cards.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Phone # where you can be reached today: \_\_\_\_\_